

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/06/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155743		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/05/2013	
NAME OF PROVIDER OR SUPPLIER GREEN-HILL MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 501 N LINCOLN AVE FOWLER, IN 47944			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00126098, IN00126376, IN00127042, and IN00127335.</p> <p>Complaint IN00126098- substantiated, no deficiencies related to the allegations were cited.</p> <p>Complaint IN00126376- substantiated, no deficiencies related to the allegations were cited.</p> <p>Complaint IN00127042- substantiated, no deficiencies related to the allegations were cited.</p> <p>Complaint IN00127335- substantiated, no deficiencies related to the allegations were cited.</p> <p>Survey dates: June 4 and 5, 2013</p> <p>Facility number: 000288 Provider number: 155743 AIM number: 100287380</p> <p>Survey team: Regina Sanders, RN</p> <p>Census bed type: SNF/NF: 33 Total: 33</p> <p>Census Payor type: Medicare: 05 Medicaid: 20 Other: 08 Total: 33</p> <p>Sample: 16</p>			F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 Green-Hill Manor was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaints IN00126098, IN00126376, IN00127042, and IN00127335. Quality Review 06/05/13 by Lisa McColly	F 000			